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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

L84389

(0)

CROSSTOWN INVESTMENTS, INC.					
Principal Place	of Business	Mailing Address	The second secon		BUIE IBUI 81811 BIÐIY ERÐIY BUBUI 41851 BÚÐU 1881
% FRANK S. FULLER % FRANK S. FULLER P. O. BOX 21531 P. O. BOX 21531 ST. PETERSBURG FL 33742 ST. PETERSBURG FL		33742			
				3. Date Incorporated or Qualified 06/28/1990	3a. Date of Last Report 02/14/1995
2. Principal Pla	ace of Business 7-4441 St ND	2a. Mailing Address 26 /0/97 44	st No.	4. FLI Number 65-0201133	Applied For
21 /0/97 Suite, Apt. #		26 / 9 / 4 4 Suite, Apt. #, etc.	SI NO.	······	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State Proces	., , , , , , , , , , , , , , , , , , ,	28 P. NE//AS	PARIZ	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 34666 25 ASA 29 F/ 34666:			Country .	Country 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No	
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New	Registered Agent
FULLER, FRANK S. 804 MARCO DR. NE ST. PETERSBURG FL 33702			82 Street Ac //O/	ddress (P.O. Box Number is Not Agcepta 44 ST NO:	FI 85 Zip Code
SIGNATURE	Signature, typed of principle are of registered apent OFFICERS ANI	FRANK S. FU and the faire labe. (NOTE D DIRECTORS			DATE FICERS AND DIRECTORS IN 12
T:TLE	PST FOARWA	☐ DELETE	1. 1 THE		Change Addition
NAME STREET ADDRESS	FULLER, FRANK S. 804 MARCO DR NE		1.2 NAME	10197 44H STNO	,
C TY-ST-ZiP	ST PETERSBURG FL 33702	2	1.3 STREET ADDRESS 1.4 C/TY - ST - ZIP	10199 44H STNO PINCHAS PARK	F1 34666
TITLE	D	☐ DELETE	0.47.51		Change
NAME	FULLER, FRANK S.		2.2 NAME	INDA HUR STNO	
STREET ADDRESS	804 MARCO DR NE ST PETERSBURG FL 33702	,	2.3 STREET ADDRESS	10197 44th st No PINELLAS PARK	C1 21/1/1
CITY-ST-ZIP TITLE	of retendend to solve	E DELETE	2 4 C/TY - ST - Z/P 3 1 T/TLF	TINEUR'S TAKK	Change Addition
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NAME STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS		
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NAME			5.2 NAME		
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CHY-ST-ZIP			5.4 GRY - \$1 - 712		
TITLE		☐ DEFELE	6 1 THILE		Charige Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ACORESS		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 stranged, or on an attachment with an address. SIGNATURE: FRANK S. Fuller 7/20/96